244617 STATE OF SOUTH CAROLINA BEFORE THE PUBLIC SERVICE COMMISSION (Caption of Case) Example: Application for a Class C Charter Certificate from OF SOUTH CAROLINA John Doe dba Doe's Limo Request for Name Change on Certificate from TRANSPORTATION COVER SHEET Integrity Comprehensive Transportation Services, Inc. D/B/A Capital Connections DOCKET NUMBER: 2008 - 407 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. (Please type or print) Telephone: (877) 223-1960 Karim Johnson Submitted by: (877) 671-8842 P. O. Box 24502 Address: Fax: (803) 479-3054 Other: kjohnson@integritytransonline.com Columbia, SC 29224 Email: NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Request to Amend Scope of Authority Application - Class C Taxi Request to Amend Tariff (rate increase, etc.) Application – Class C Charter Application - Class C Charter Bus Request to Amend Passenger Limit Request Application – Class C Non-Emergency **Exhibit** Application – Class E Household Goods Late-Filed Exhibit Application - Class E Hazardous Waste Application Letter Proposed Order Request for Extension to Comply with Order Request for Order Granting Authority to Obtain Certificate of Publisher's Affidavit Public Convenience and Necessity to Be Rescinded Reservation Letter Request for Cancellation of Certificate Request for Suspension Response

Request for Reinstatement

Request for Name Change on Certificate

Return to Petition

Other:

CLASS C AMENDMENT FORM File the original with: Mail or fax a copy to: **Public Service Commission of South Carolina** S.C. Office of Regulatory Staff Clerk's Office **Transportation Department Motor Carrier Matters** 1401 Main Street, Suite 900 P.O. Box 11649 Columbia, S.C. 29201 Columbia, S.C. 29211 (803) 737-0578 (803) 896 - 5100FAX (803) 737-0815 FAX (803) 896-5199 DATE: <u>5/23/2013</u> I have the following Certificate: Class C Taxi # ____ Class C Charter # ____ Class C Charter Bus # 0270 Class C Non-Emergency #_____ Please consider this as my request for the following amendment(s) to my Certificate: Name Change From: Integrity Comprehensive Transportation Services, Inc. DBA: Capital Connections (Current Name) (Current DBA if applicable) TO: Integrity Comprehensive Transportation Services, Inc DBA: (New Name) (New DBA if applicable) **Scope of Authority** From:___ _____To: (Current Scope) (New Scope) **Passenger Limit** From:___ To: (Current Limit Number) (New Limit Number)

Karim Johnson P. O. Box 24502 Name & DBA if DBA is applicable) (Street and/or Mailing Address) Columbia, SC 29224-4502 (City, State, Zip Code) (Signature) (877) 223-1960 Owner/President (Telephone Number) (Title) Owner, President, etc.